

IMMIGRATION PRIVACY RELEASE FORM

Immigrant's Name _____

Alien Registration Number _____

Petition Receipt (SRC) Number _____

Contact Name _____

Address _____

Telephone _____

Relationship to Immigrant _____

Forms Submitted _____

Action Requested: _____

Signature: _____ Date: _____

**THE PRIVACY ACT OF 1974 REQUIRES THAT FEDERAL AGENCIES MUST
OBTAIN YOUR WRITTEN PERMISSION BEFORE THEY RELEASE ANY
INFORMATION ABOUT YOU.**

Please return this completed form to:

**Senator Ernest F. Hollings
125 Russell Senate Building
Washington, DC 20510
ATTENTION: Immigration Specialist**